



Unannounced Care Inspection Report 1 July 2019



Carryduff Nursing Home

Type of Service: Nursing Home
Address: 19 Church Road, Carryduff, BT8 8DT
Tel No: 028 9081 4862
Inspector: Sharon Mc Knight and Catherine Glover

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 23 patients.

3.0 Service details

Organisation/Registered Provider: Carryduff Nursing Home Responsible Individuals: Gerald William Beattie Edwin Samuel Johnston	Registered Manager and date registered: Louise Riley – Registration pending
Person in charge at the time of inspection: Louise Riley	Number of registered places: 23
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 21

4.0 Inspection summary

An unannounced inspection took place on 1 July 2019 from 10:20 hours to 17:15 hours.

This inspection was undertaken by care and pharmacist inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the provision of nursing and care staff and their attentiveness to patients, staff recruitment and induction, the management of medicines on admission, completion of medicine records and the management of controlled drugs.

There were examples of good practice in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required. We observed that patients were offered choice with their daily routine

Areas requiring improvement were identified in relation to the management of medicines prescribed on a "when required" basis for distressed reactions, the standard of décor and cleanliness of the environment and equipment, provision of staff to clean the home, infection prevention and control practices in the laundry and management oversight. Areas for improvement were also identified in relation to the accurate recording of time on repositioning charts and the auditing processes within the home.

Patients told us they were happy in the home. Those who were unable to voice their opinions were seen to be relaxed and comfortable in their surroundings.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	*6

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Louise Reilly, manager and Linda Graham, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 6 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 6 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 24 June 2019 and 1 July 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- one patient's reposition charts
- a sample of personal medication records, medicine administration records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits by the registered provider
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement three were met and one was partially and has been included in the QIP at the back of this report.

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 24 June to 7 July 2019 confirmed that the staffing numbers identified were provided. The patients said that staff were pleasant and attentive to them. It was obvious from the relaxed interactions between staff and patients that there were good relationships between them. We observed that those patients, who, due to their frailty were unable to request staffs' attention, were regularly attended by staff.

We discussed the staffing levels with care staff; all were satisfied that there was enough staff to meet the patients' needs.

We provided questionnaires to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses received.

As a result of the previous inspection the registered persons were asked to review the provision of kitchen staff to ensure that there was sufficient staff to meet the needs of the patients and that standards relating to food and meals were fully met. A review of the duty rotas for week commencing 8 and 29 April, 5 May, 17 and 24 June and 1 July 2019 evidenced that the planned staffing for the kitchen was consistently adhered to.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriately checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. During the previous inspection it was identified that staff required to be trained in food hygiene. Records evidenced that a number of staff have since attended this training; further dates need to be planned for those staff who have yet to attend. This area for improvement has been partially met and is stated for a second time.

We discussed how patients are protected from abuse. The home has a safeguarding champion to support the adherence to the safeguarding policies and procedures. The safeguarding and protection of patients was included in the induction and annual training programme for staff.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The manager has a responsibility for ensuring all staff are registered appropriately. We observed that checks were being completed monthly.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some

patients had bedrails erected; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

If a patient had an accident a report was completed at the time. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. The management of medicines was undertaken by trained and competent staff and systems were in place to review staff competency. There were robust systems in place to audit all aspects of the management of medicines. Systems were in place to ensure the safe management of medicines when a patient is admitted to the home. The sample of medicines examined had been administered in accordance with the prescriber's instructions. There were robust arrangements in place for the management of medicine related incidents.

Medicines records complied with legislative requirements, professional standards and guidelines. Medicine records were legible and accurately maintained as to ensure that there was a clear audit trail. Where medicines were prescribed on a 'when required' basis for distressed reactions, parameters of use were clearly defined. However the reason and outcome of administering these medicines was not recorded and a care plan to direct care had not been completed. An area for improvement was identified.

Care plans for the management of pain and warfarin had been completed and were held on file. A care plan for one specific medicine which required extra therapeutic monitoring to ensure that dosages are within the required range was not in place. This was discussed with the manager who agreed that it would be completed without delay.

Medicines were safely and securely stored. They were stored in accordance with the manufacturer's instructions. Medicine storage areas were tidy and well organised.

Controlled drugs were safely managed. The receipt, administration and disposal or return of Schedule 2 and 3 controlled drugs were maintained in a controlled drug record book. Controlled drugs were stored appropriately and stock balances were reconciled on each occasion when the responsibility for controlled drugs was transferred.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The skirting boards and door architraves throughout the home were damaged and worn. There were a number of bedrooms in which furniture was worn, for example the surfaces on the fitted furniture were worn and damaged, in another room a drawer was broken. Whilst the flooring on the ground floor corridor had recently been replaced and new armchairs, curtains and duvet covers provided in the lounge and a number of bedrooms on the ground floor their impact on improving the environment was limited due to the poor condition of the surrounding environment. An area for improvement has been made to ensure that the registered person arranges a full audit of the home to be completed to effectively identify damage to the premises and furniture; and that a plan is put in place to address these in a timely manner.

In addition areas of the home were not maintained to an acceptable standard of cleanliness. We observed several carpets and flooring throughout the home to be heavily stained, dusty and dirty. Several pieces of equipment, including that used by the cleaning staff, were dirty. Prior to the conclusion of the inspection the regional manager confirmed that arrangements had been made for a thorough cleaning of the home to commence the day following the inspection. All areas of the home must be thoroughly cleaned and thereafter maintained an acceptable standard of cleanliness.

Cleaning schedules were in place for the environment and some equipment. Whilst these had been completed it was evident by the lack of cleanliness that some of the schedules were not reflective of the actual cleaning completed. Cleaning schedules should be reviewed to ensure they include all areas of the home and all equipment. This was identified as an area for improvement. In addition the manager must audit the cleaning schedules to ensure that are adhered to and accurately reflect the actual cleaning completed. A further area for improvement was identified to ensure that arrangements were put in place to ensure that equipment is appropriately decontaminated in accordance with best practice with infection prevention and control.

At the time of this inspection there were vacancies for domestic staff; a recruitment campaign was ongoing. We observed that tasks which require to be undertaken were not completed prior to the staff member going off duty. Cleaning schedules also evidenced that on a number of days over the weeks prior to the inspection allocated daily tasks had not been completed. Whilst we acknowledge that there were vacancies the current domestic staffing arrangements were insufficient to meet the needs of the patients. This was identified as an area for improvement.

Deficits in adherence to best practice in infection prevention and control were also identified and included the cleaning of equipment for example raised toilet seats and commodes, hoists, laundering of mops and the general environment and operation of the laundry. An area for improvement was made with regard to cleaning of equipment and infection prevention and control practices in the laundry. The two stores off the laundry were cluttered with numerous pieces of equipment; the need to declutter these two stores was discussed with the manager and regional manager who agreed to address the matter.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of nursing and care staff and their attentiveness to patients and staff recruitment, induction, the management of medicines on admission, completion of medicine records and controlled drugs.

Areas for improvement

The following areas were identified for improvement; the management of medicines prescribed on a “when required” basis for distressed reactions, the standard of décor and cleanliness of the environment and equipment, provision of staff to clean the home, infection prevention and control practices in the laundry and management oversight.

	Regulations	Standards
Total number of areas for improvement	4	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. For those patients a care plan was in place to manage the risk of the development of pressure ulcers. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly; the time that patients are assisted to change their position should be fully recorded; this was identified as an area for improvement.

We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wounds care was in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Patients' nutritional needs were identified through assessment and care plans detailing the support patients need to meet their nutritional needs were put in place. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patient's care records.

Patients had the choice of coming to the dining room or having their meals brought to them on a tray. The dining room tables were nicely set and a choice of condiments was provided. We spoke with the chef who told us there was a choice of two main dishes at each mealtime. Areas for improvement were made as a result of the previous inspection regarding the provision of meals and availability of choice. Records were now available of the meals served each day and which dishes were suitable for modifying; the records evidenced that there was a varied menu provided and that patients who required to have the texture of their meal modified were provided with choice. These areas for improvement have been met.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

Areas for improvement

An area for improvement was identified in relation to the accurate recording of time on repositioning charts.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10:20 hours and were met immediately by staff who offered us assistance. Patients were present in the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

We spoke with seven patients individually. Patients confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and what time they liked to go to bed. One patient told us:
 “It’s a comfortable place.”

We spoke with the relatives of one patient. They have previously raised concerns regarding the cleanliness of the home and the effectiveness of the laundry with the manager and were satisfied that the issues were being addressed.

As previously discussed we provided questionnaires for relatives, patients and staff who were not present during the inspection. No responses were received.

Questionnaires are issued by the home annually to patients and their relatives; these were issued in April 2019. The regional manager explained that the outcome of the questionnaires will be included in the annual quality report. These are examples of some of the comments provided:

- “The staff are really good.”
- “Staff seem very caring.”
- “I find the staff very friendly and helpful – possibly more staff?”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the maintenance of patient’s dignity and privacy.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within its registered categories of care.

There have been no changes to the management of the home since the previous inspection. The manager is now permanent in the home and an application to register with RQIA has been received. They confirmed that they continue to be well supported by the regional manager. Patients, relatives and staff reported that the manager was approachable and available to speak to regularly in the home.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, hand hygiene, care records and accidents and incidents. Areas for improvement were made previously regarding the home's environment and environmental audit process. Records reviewed and discussion with the manager and regional manager evidenced that here was an inconsistent approach to the follow up action taken to drive improvement. The importance of ensuring that re-audit takes place to ensure the required improvements are made was discussed with the manager and an area for improvement made.

The responsible person is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit. The reports of these visits were available in the home and included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

A complaints procedure was available in the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and maintaining good working relationships.

Areas for improvement

Improvements are required with the auditing processes within the home.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise Reilly, manager and Linda Graham, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2019</p>	<p>The registered person shall ensure that a full audit of the home is carried out which effectively identifies damage to the premises and furniture and that a plan is put in place to address deficits in a timely manner.</p> <p>This plan should be submitted with the returned QIP.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The Acting Manager has completed a full audit of the home to identify damages to the premises and furniture and some furniture has been removed and some repaired.</p> <p>This plan has been submitted to RQIA..</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(d)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of inspection</p>	<p>The registered person shall ensure that all areas of the home are thoroughly cleaned and thereafter maintained at an acceptable standard of cleanliness.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The Acting Manager has ensured all areas of the home have been thoroughly cleaned and continues to monitor the standards of cleanliness in the home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of the inspection.</p>	<p>The registered person shall ensure that sufficient housekeeping staff are on duty to maintain the home to an acceptable standard of cleanliness.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The Acting Manager has recruited a full time housekeeper, a part time domestic and a bank domestic to cover the vacant posts and will ensure the cleanliness of the home is maintained to an acceptable standard.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the laundry operates in accordance with regional infection prevention and control measure and best practice guidelines.</p> <p>Ref: 6.3</p>

<p>To be completed by: Ongoing from the day of the inspection.</p>	<p>Response by registered person detailing the actions taken: The Acting Manager has reviewed the laundry operations and has implemented new procedures for staff in keeping with infection prevention and control measures taking into account best practice guidelines.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1 Ref: Standard 39 Stated: Second time To be completed by: Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that staff receive food hygiene training. Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: The Acting Manager has rolled out food hygiene training for her existing staff. There are now 4 new staff who require training and the Acting Manager will arrange another session.</p>
<p>Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: 1 August 2019</p>	<p>The registered person shall ensure that the records in relation to distressed reactions are reviewed to ensure care plans are in place and the reason and outcome of administering medicines on a “when required” basis is recorded. Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Acting Manager has highlighted to staff the importance of recording the reason for administration of medication on a when required basis for distressed reactions and continues to monitor these records. The Acting Manager is reviewing the care plans of all residents who suffer from distressed reactions to include reasons medication is prescribed and when it should be administered..</p>
<p>Area for improvement 3 Ref: Standard 35.3 Stated: First time To be completed by: 29 July 2019</p>	<p>The manager must audit the cleaning schedules to ensure they are adhered to and accurately reflect the actual cleaning completed. Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Acting Manager has implemented new cleaning schedules and is continuing to monitor the cleaning throughout the home The Manager is checking the cleaning schedules with the cleaning completed to ensure staff are aware of their roles and responsibilities in relation to cleaning and record keeping.</p>
<p>Area for improvement 4 Ref: Standard 46.2 Stated: First time To be completed by:</p>	<p>The registered person shall introduce systems to ensure that equipment is appropriately decontaminated in accordance with best practice with infection prevention and control. Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>

<p>29 July 2019</p>	<p>The Acting Manager has adressed with staff the importance of decontamination of equipment and continues to monitor this THE Manager will be spot checking equipment daily to ensure equipment is appropriately decontaminated in accordance with infection prevention and control measures..</p>
<p>Area for improvement 5 Ref: Standard 4.9 Stated: First time To be completed by: Ongoing from the day of the inspection</p>	<p>The registered person shall ensure that the time patients are assisted to reposition is accurately recorded. Ref: 6.4 Response by registered person detailing the actions taken: The Acting Manager has addressed this with staff and is checking the times of repositioning to ensure they are accurately recorded.</p>
<p>Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: 29 July 2019</p>	<p>The registered person shall ensure that the auditing process is further developed to include a re-audit to check that the required improvements have been made. Ref: 6.6 Response by registered person detailing the actions taken: The Acting Manager has developed a checklist to be able to re-audited all areas of the home to ensure that the improvements that have been made are maintained.</p>

Please ensure this document is completed in full and returned via Web Portal



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